OHR End-user documentation overview

Family member health
Family Medical Leave Act

Benefits Design and Management
Office of Human Resources
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| **Purpose** | This document outlines the basic information you will need to approve and process an employee’s request for the following leave:  
**Family Member Health** |
| **Objectives** | After reading this guide, you will be able to determine an employee’s eligibility for leave and complete the appropriate leave paperwork. |
| **Overview** | The forms required for leave administration have been designed to provide the mandated information required by ASU policy and/or federal regulations. |
| **Definition: Employee Eligibility** | **Classification:**  
- Faculty  
- Academic Professional  
- Administrator  
- University Staff  
- Classified Staff  
- Student Worker  
- Post Doctoral Scholar  
- Teaching Assistant  
- Research Assistant  

**Employment Type:**  
- Regular  
- Long-Term Temporary  
- Short-Term Temporary  
- Seasonal  

**Working Hours:**  
- Full-Time  
- Part-Time  
- PRN  

**Who has been employed for at least 12 months**  
- Months need not be consecutive  
- Employment prior to a break in service of seven years or more should not be counted unless the employee was on active duty with the National Guard or Reserve or there was a written agreement that ASU intended to rehire the employee after the break in service.  

**Who worked at least 1250 hours during the 12 months immediately prior to the requested leave date**  
- Paid or unpaid leave plan hours do not count toward the accumulation  
- Hours taken for National Guard or Reserve duty are counted toward the accumulation  
- Hours worked as a Student Worker count toward accumulation  
- If an employee works multiple jobs, the hours are totaled and counted toward accumulation |
- If applicable, furlough hours do count toward accumulation.

<table>
<thead>
<tr>
<th>Definition: Reason for Leave of Absence</th>
<th>An employee is eligible for leave for the following reason:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To provide physical or psychological care for a spouse, child, parent, or member of the employee's established household who has a serious health condition.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Definition: Duration and Type of Leave of Absence</th>
<th>Up to 12 workweeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>In a 12-month period based on the anniversary of the employee's date of hire</td>
<td></td>
</tr>
<tr>
<td>A leave may be:</td>
<td></td>
</tr>
<tr>
<td>* Taken continuously - in one single block of time</td>
<td></td>
</tr>
<tr>
<td>* Taken intermittently - in separate blocks of time due to a single qualifying reason</td>
<td></td>
</tr>
<tr>
<td>* Taken on a reduced schedule - reducing the employee's number of work hours per workweek or per workday</td>
<td></td>
</tr>
</tbody>
</table>

In the case of either intermittent or reduced schedule leave, the following apply:
* The need for an intermittent or reduced schedule must be supported by medical documentation;
* The Disability & Leaves Program Management Unit must be notified in order to issue the Intermittent Leave Tracking Form for the department's use.

<table>
<thead>
<tr>
<th>Definitions</th>
<th>Leave of Absence:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A paid or unpaid - employment category designating that an employee is in a non-work status.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Leave Benefit Plan:</th>
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</thead>
<tbody>
<tr>
<td>A benefit - e.g., vacation, sick or parental leave benefit - that compensates the employee when he/she is absent from work.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spouse:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A husband or wife as defined and recognized by Arizona law for purposes of marriage.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological, adopted, foster child, stepchild, or legal ward under the age of 18; if older than 18, one incapable of self-care because of a mental or physical disability.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological, adoptive, step or foster father or mother or anyone else who undertook the parental role.</td>
</tr>
</tbody>
</table>
Member of Established Household:
A person who shared your permanent residence prior to the requested leave and who is expected to continue to reside with you following the leave. ASU may require written verification to establish the relationship -e.g., the person's bank statement listing your address.

Serious Health Condition:
An illness, injury, impairment or physical or mental condition that involves:
➢ Inpatient care
➢ Continuous treatment by a health care provider.

Health Care Provider:
A state licensed doctor of medicine or osteopathy, podiatrist, dentist, clinical psychologist, optometrist, chiropractor, nurse practitioner, nurse midwife, clinical social worker, physician assistant, or Christian Science practitioner. Licensed health care providers in foreign countries are included.

Step 1  Determine Leave Process
To effectively manage leaves, it is important to understand the process in your particular Dean or VP area.

Centralized:
One person, - e.g. a Department Leaves Representative, a BOM, a Data Time Administrator, or a HR Manager - handles all aspects of the process for your Dean or VP area.

Decentralized:
Each separate division - office, unit, department, or team - within your Dean or VP area handles the entire process for the employees in that particular section.

Hybrid:
The process is handled individually by each separate division but channeled through one main authority in your Dean or VP area.

Step 2  Receive or Issue Leave of Absence Request Form - PDF
When the need for leave is foreseeable, an employee is required to give at least a 30-day written notice. If the leave is required due to a medical emergency or other unforeseeable event, the employee must provide as much notice as is practicable under the circumstances.

➢ Department receives Leave of Absence Request Form
➢ Department issues Leave of Absence Request Form
In the case of employee’s inability to complete the necessary paperwork, the department leaves representative should complete the form immediately upon
Family member health
Family Medical Leave Act

Determining the employee will be absent longer than three consecutive calendar days.

➢ Complete the Employee and/or Supervisor sections, as applicable
➢ Indicate date form issued to employee on copy and place in employee’s leave file
  Important: Confidential leave and medical information must be kept in a secured and separate file from the department personnel files. Departments will be audited periodically to ensure compliance.
➢ Fax copy to Disability & Leaves Program Management Unit at 480-993-0007

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**LEAVE OF ABSENCE REQUEST FORM**

**EMPLOYEE COMPLETE/Submit to department**

Employee Name: ___________________________ Date: ___________________________
Employee 10-digit ID Number: ___________________________
Requested Dates: From: ___________________________ (first day of leave) To: ___________________________ (proposed return to work date)
Reason: ___________________________

➢ Birth/Placement for Adoption or Foster Care/Bonding
  - Date of Birth: ___________________________
  - Date of Placement: ___________________________

➢ Placement for Foster Care: ___________________________
  - Date of Placement: ___________________________

➢ Bonding (Within one year): ___________________________
  - Date of Birth or Placement: ___________________________

Are you requesting Parental Leave benefits? □ Yes □ No
Are you the: [ ] Mother [ ] Father [ ] Domestic Partner [ ] Other
Is another ASU employee also requesting leave for this same event? □ Yes □ No
If yes, Employee’s Name and ID Number: ___________________________

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**Within five business days**, the department leaves representative must respond to the employee’s request by:
➢ Determining employee’s FMLA eligibility - See Step 3
➢ Completing the department portion of the following applicable forms,
➢ Issuing the following applicable forms to the employee - in person, via email, US Mail

- FMLA Notice of Eligibility with Rights and Responsibility for Family Member Health
- FMLA Certification of Health Care Provider for Family Member’s Serious Health Condition
- Authorization for Release of Health Information

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**Step 3 Determine Employee Eligibility for FMLA**

To be eligible for FMLA, the employee must:
1) Have been employed for at least 12 months and
2) Have worked at least 1250 hours during the 12 months immediately prior to the requested leave date and
3) Have not already exhausted his/her FMLA entitlement.

**Eligibility Requirement #1**
Verify that the person has been an Arizona University System - Arizona State University, Northern Arizona University, The University of Arizona or Arizona Board of Regents - employee for at least 12 months.

* Months do not need to be consecutive - e.g. three months in 2010 plus two years 2005-2006
* Employment prior to a break in service of seven years or more should not be counted unless the employee was on active duty with the National Guard or Reserve or there was a written agreement of intent to rehire the employee after the break in service.

In the Human Resources Information System:
1) Go to Workforce Administration
2) Select the Job Data screen

3) Enter the employee’s 10-digit ID number - or - the employee’s first and last names
4) Select Include History
5) Click Search
6) You are now on the Work Location screen
7) Select Employment Data

8) You are now on the Employment Information screen

9) Note the Original Start Date

10) Note the Last Start Date

11) If the Original Start Date and the Last Start Date are the same and are at least 12 months prior to the requested leave date, the employee has met the first part of the eligibility requirement.
12) The leaves representative should contact the department’s designated 
Benefits Administrator* if the Original Start Date and the Last Start Date: 
* Are the same but within 12 months of the requested leave date, or 
* Are different.

If the person is a transfer employee from the Arizona University System, please 
contact your department's Leaves Management Partner for assistance in 
determining eligibility for this first requirement.

Get assistance 
Find your Leaves Management Partner 
cfo.asu.edu/hr-benefitspartners 
Email HR_Disability@asu.edu.

At this point, if the employee is not eligible for FMLA, the department may choose 
to offer Extended Leave of Absence - staff, Health Related Leave with Pay - 
faculty/sick, or Leave of Absence without Pay - faculty. 
End-User Document Overview for ASU Leave: Family Member Health (Non-
FMLA).

Eligibility Requirement #2 
Verify that the employee has **worked** at least 1250 hours during the 12 months 
immediately prior to the requested leave date.

- Unpaid hours off do **not** count
- Paid time off under a leave benefits plan - e.g., sick, vacation or holiday - do **not** 
count
- Hours taken for National Guard or Reserve duty do **count**
- Hours worked as a student worker do **count**
- Furlough hours do **count**
- If an employee works multiple jobs, worked hours are added together and all do 
count

The **Scheduled Leave Planning Report** on the dashboard is used:
1) Go to [www.asu.edu/dashboard/](http://www.asu.edu/dashboard/) 
2) Select Human Resources on the left sidebar menu 
3) Log in 
4) Select Scheduled Leave Planning, on the left side bar menu
5) In the Search By box, select Employee ID - or - Employee Name
6) Enter the employee 10-digit ID number - or - employee name in the box to the right
7) In the Leave Type box, select all
8) In the Approval Type box, select all
9) In the Plans to Work box, select all
10) In the From box, enter the date one year prior to the requested leave date
11) In the To box, enter today's date
12) Click Go
13) If you entered the employee's name - rather than ID, a menu will appear listing all employees with the identical name; click on your employee's name

14) The report will show either:
   1) All hours (worked and non-worked) for a non-exempt employee, or
   2) All exception hours for an exempt employee

15) Export the report to Excel by clicking on the icon

In the Excel spreadsheet:
➢ For an hourly - non-exempt - employee:
   1) Delete all exception hour rows - e.g. Vacation, Sick, Holiday
   2) Total the number of remaining Regular and Furlough hours

➢ For a salaried – exempt - employee:
   1) Total the number of exception hours
   2) Determine the employee's annual scheduled work hours
      a) Go to Workforce Administration
      b) Select the Job Data screen
      c) Enter the employee's 10-digit ID number - or - the employee's first and last names
      d) Select Include History
e) Click Search
f) Click the Job Information tab along the top
g) You are now on the Job Information screen

h) Note the Standard Hours
i) Multiply the Standard Hours by 52 weeks

3) Subtract the exception hours from the employee’s annual Standard Hours

If the total number of worked hours is at least 1250, the employee has met the second part of the eligibility requirement.

If the person is a transfer employee from the Arizona University System, please contact your department's Leaves Management Partner for assistance in determining eligibility for this second requirement.

At this point, if the employee is not eligible for FMLA, the department may choose to offer Extended Leave of Absence - staff, Health Related Leave with Pay - faculty/sick, or Leave of Absence without Pay - faculty.

End-User Document Overview for ASU Leave: Family Member Health (Non-FMLA).

Eligibility Requirement #3
Determine the amount of FMLA leave the employee has already taken, if any, since the last anniversary month. The anniversary month is the month designated in the Last Start Date - See Eligibility Requirement #1.

To search for prior FMLA usage, in HRIS:
1) Go to Workforce Administration
2) Select the Job Data screen
3) Enter the employee’s 10-digit ID number - or - the employee’s first and last names
4) Select Include History
5) Click Search
6) You are now on the Work Location screen

7) Click on the arrow to the left of the word Last
8) Continue to click the arrow while searching for a Return from Leave in the Action field

**Remember** – You need only go back as far as the last anniversary date.

9) If there is a Return from Leave action, note the effective date
10) Continue to click the arrow to search for the Un/Paid Leave of Absence in the Action field

11) Note the effective date
12) Count the number of days between the effective dates and divide by seven to calculate the number of weeks and days the employee has already used
13) Determine if the employee has had any Intermittent Leave usage during this period by referring to the employee’s department leave file. Count the actual number of work hours missed and divide by eight to calculate the number of days already used.

Subtract the amount of FMLA time already taken since the last anniversary date from the 12-week entitlement to determine how many weeks the employee has remaining to use.

If the person is a transfer employee from the Arizona University System, please contact your department’s Leaves Management Partner for assistance in determining eligibility for this second requirement.
At this point, if the employee is not eligible for FMLA, the department may choose to offer Extended Leave of Absence - staff, Health Related Leave with Pay - faculty/sick, or Leave of Absence without Pay - faculty.

End-User Document Overview for ASU Leave: Family Member Health (Non-FMLA).

### Step 4 Issue the FMLA Notice of Eligibility with Rights & Responsibility for Family Member Health [PDF](#)

This is the first notice to be given to the employee upon receipt - or issuance - of a leave request. This notice gives **conditional leave approval**, information about the employee’s eligibility for FMLA leave, details the employee’s specific responsibilities and explains any consequences for the employee failing to meet those responsibilities.

- Complete the form, as applicable
- Mail to the employee along with the appropriate supplemental forms - See Steps 5 and 6
- Indicate date form issued to employee on copy and place in employee’s leave file

**Important:** Confidential leave and medical information must be kept in a secured and separate file from the department personnel files. Departments will be audited periodically to ensure compliance.
Step 5  Include the FMLA Certification of Health Care Provider for Family Member's Serious Health Condition  PDF

This form provided to the employee requests the necessary qualifying medical information from the family member's health care provider to substantiate the need for leave. If the employee does not provide this completed Certification, ASU has the right to deny the requested leave.

This form should be completed by the health care provider 30-45 days prior to the beginning of the leave. If the form is completed earlier and it becomes necessary to change the leave date, a second documentation may be required.

➢ Complete Section I
➢ You must allow the employee at least 15 calendar days to return the certification
➢ Mail to the employee with the Notice of Eligibility - See Step 4
➢ Instruct the employee to complete Section II
➢ Instruct the employee to give entire form to the family member’s health care provider, asking him/her to complete Section III and to return the form, as indicated
➢ Indicate date form issued to employee on copy and place in employee’s leave file

IMPORTANT:  Confidential leave and medical information must be kept in a secured and separate file from the department personnel files. Departments will be audited periodically to ensure compliance.
➢ Fax copy to the Disability & Leaves Program Management Unit at 480-993-0007
Step 6 Include the Authorization for Release of Health Information

This form provides health care provider(s) with the employee’s authorization to discuss protected medical information with ASU. While authorization is not mandated by FMLA law, most health care providers require it. OHR recommends that the department have the employee complete the form prior to the leave rather than wait until its use may be necessary.

➢ Mail the authorization to the employee with the Notice of Eligibility - See Step 4.
➢ Request the employee complete the form and return to department leaves representative
➢ Indicate date form issued to employee and place a copy in employee’s leave file

**Important:** Confidential leave and medical information must be kept in a secured and separate file from the department personnel files. Departments will be audited periodically to ensure compliance.
➢ Fax copy to the Disability & Leaves Program Management Unit at 480-993-0007
Step 7 Authenticate or Clarify the Certification of Health Care Provider

If the employee submits a complete and sufficient certification, **no additional information may be requested from the health care provider.**

If the certification is considered either incomplete or insufficient, the employee must be notified, via the Designation Form, and given calendar days to cure any deficiency. A certification is considered incomplete if an item is not filled in; it is considered insufficient if the information is vague, ambiguous or nonresponsive.

If it is necessary to either clarify and/or authenticate the certification, the department leaves representative may contact the provider. Authentication means providing the health care provider with a copy of the certification and requesting verification that the information is complete and authorized by the provider who signed it. Clarification means a need to understand the handwriting on the certification or the meaning of a response.

**Important: Contact with the health care provider by the employee's direct supervisor is prohibited by FMLA law.**

Step 8 Issue the FMLA Designation Notice for Family Member's Health

After the department has received and reviewed the FMLA Certification of Health Care Provider, the Designation Notice is provided to advise the employee if the FMLA leave has been approved or denied, or if additional information is needed.
Complete and mail to the employee within five business days of receipt of the certification.

Indicate date form issued to employee on copy and place in employee’s leave file.

**Important:** Confidential leave and medical information must be kept in a secured and separate file from the department personnel files. Departments will be audited periodically to ensure compliance.

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**FMLA LEAVE DESIGNATION NOTICE**

**FAMILY MEMBER HEALTH**

DATE: _____________________________  Employee 10-digit ID: ______________

TO: ________________________________

FROM: ______________________________

<table>
<thead>
<tr>
<th>College or Department Name</th>
<th>College or Department Number</th>
</tr>
</thead>
</table>

Fax this form to: HR DISABILITY & LEAVES PROGRAM MANAGEMENT UNIT AT 480-993-0007

Dear ________________________________

We have reviewed your request for leave under the Family and Medical Leave Act (FMLA) and supporting documentation.

---

**Step 9 Issue the Leave of Absence Status Change Form**  [PDF]

Issue this form **in the pay period** any of the following events occur:

* The duration of leave period changes
* The type of leave changes
* The pay status changes
* The employee returns to work

Fax to Disability & Leaves Program Management Unit at 480-993-0007

Indicate date faxed and place in employee’s leave file.

**Important:** Confidential leave and medical information must be kept in a secured and separate file from the department personnel files. Departments will be audited periodically to ensure compliance.
Time Reporting, Intermittent Leave and Compassionate Transfer of Leave

TIME REPORTING
The employee should already have completed the Request for Time Off form - or used the department’s alternative request process - and the leave should be approved. The department leaves representative or department time administrator is then responsible for recording an employee’s leave hours while the employee is absent from work on FMLA.

To record time in HRIS, go to:
1. Manager Self Service
2. Time Management
3. Report Time
4. Timesheet
5. Click: Get Employees
6. Select employee
7. View By: Time Period
8. On a daily basis, enter the number of hours of eligible time:
<table>
<thead>
<tr>
<th>Description</th>
<th>Pay Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sick, Paid</td>
<td>SCK - salaried SCP - hourly</td>
<td>An employee may use accrued sick time to remain in a paid status.</td>
</tr>
<tr>
<td>Compensatory Time, Paid</td>
<td>CTH - hourly</td>
<td>An hourly employee may use compensatory time to remain in a paid status.</td>
</tr>
<tr>
<td>Vacation, Paid</td>
<td>VAC - salaried VAH - hourly</td>
<td>An employee may use accrued vacation time to remain in a paid status.</td>
</tr>
<tr>
<td>Unpaid Sick</td>
<td>USS - salaried USH - hourly</td>
<td>Use only when an employee has both paid and unpaid time in the same pay period - e.g. 50 hours VAC and 30 hours USS. Because the employee is still in an Active (paid) status, a salaried employee would continue to be paid full salary if the unpaid sick code is not used.</td>
</tr>
</tbody>
</table>

If an employee has no paid hours available in a pay period, issue the LOA Status Change Form and report no hours.
### Intermittent Leave
Upon notification that an employee will be using Intermittent Leave, the Disability & Leaves Program Management Unit will send to the department leaves representative a form designed to assist the department in tracking the employee's time.

### Compassionate Transfer of Leave
When it is apparent that the employee will be eligible for CTL, the department leaves representative should submit the following budgetary approved items to the department's designated Leaves Management Partner by confidential e-fax at 480-993-0007:
1. The Request for Donated Hours, and
2. The CTL Request Memo, and
3. Any applicable medical certification.

The Leaves Management Partner will notify the supervisor if the CTL has been approved.

If CTL is approved, the Leave of Absence Status Change Form must be issued - if not already issued - placing the employee on unpaid leave.

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### More Information

#### Contact
OHR Benefits Design and Management
Disability and Leaves Program Management Unit

**For Department Use Only**
**Your Leaves Management Partner**
cfo.asu.edu/hr-benefitspartners.

Email [HR_Disability@asu.edu](mailto:HR_Disability@asu.edu).
<table>
<thead>
<tr>
<th>Process Checklist</th>
<th>Page</th>
</tr>
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<tbody>
<tr>
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<td></td>
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<tr>
<td>☐ Step 2 Receive or Issue the Leave of Absence Request Form .............................. 5</td>
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<td>☐ Step 3 Determine Employee Eligibility for FMLA ............................................. 7</td>
<td></td>
</tr>
<tr>
<td>☐ Step 4 Issue the FMLA Notice of Eligibility with Rights &amp; Responsibility ............ 13</td>
<td></td>
</tr>
<tr>
<td>☐ Step 5 Include the FMLA Certification of Health Care Provider .......................... 14</td>
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<td>☐ Step 6 Include the Authorization for Release of Health Information ..................... 15</td>
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<tr>
<td>☐ Step 9 Issue the Leave of Absence Status Change Form .................................. 17</td>
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</tbody>
</table>
## Forms and Policy References

<table>
<thead>
<tr>
<th>ACD POLICIES</th>
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<tbody>
<tr>
<td>702-02 Health Related Leave</td>
<td></td>
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<tr>
<td>702-03 Family Leave</td>
<td></td>
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<tr>
<td>704-02 Vacation Leave-Fiscal Year Appt</td>
<td></td>
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<tr>
<td>704-03 Compassionate Transfer of Leave</td>
<td></td>
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<tr>
<td>707 Leave of Absence Without Pay</td>
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<tr>
<th>SPP POLICIES</th>
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<tbody>
<tr>
<td>404-04 Overtime</td>
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<tr>
<td>701-01 Sick Leave</td>
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<tr>
<td>702-01 Vacation Leave</td>
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<tr>
<td>702-04 Compassionate Transfer of Leave</td>
<td></td>
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<tr>
<td>705-01 Extended Leave of Absence</td>
<td></td>
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<tr>
<td>705-02 Family Leave</td>
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### FORMS

**Generic to all leaves**

- Leave of Absence Request Form
- Authorization for Release of Health Care Information
- Leave of Absence Status Change Form

**Specific to Family Member Health**

- Notice of Eligibility with Rights, & Responsibility (FMLA)
- Certification of Health Care Provider (FMLA)
- Designation Notice (FMLA)